PTO/SB/17 (12-04)

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Effective on 12/08/2004. For Dursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FOR TO A NICRITTA **FEE TRANSMITTAL** For FY 2005

Applicant claims small entity s	tatus. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT	(\$) 910

to to a concessor of information different transfer a valid civils control right bei					
Complete if Known					
Application Number	09/535,161				
Filing Date	March 24, 2000				
First Named Inventor	Mohamed F. LOUBARIS				
Examiner Name	W F BRINEY III				
Art Unit	2644				
Attorney Docket No.	100718.54209US				

METHOD OF PAYMENT (check all that ap	ply)					
	d 🔲 Money	Order 🔲	None	Other (please i	dentify):		
□ Deposit Account Deposit	osit Account Numb	er: 05-	1323 (Docket	No. 100718.54209	US)	Deposit Account Na	ame: 23911
For the above-identified	l deposit accour	nt, the Directo	r is hereby a	uthorized to: (ch	neck all that a	pply)	
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under 37 CFR 1.16 and		icinis of icc(s)	23 Orcan an	y overpaymonio			
WARNING: Information on this	form may becom	e public. Credit	card informati	on should not be	included on thi	s form. Provide cre	dit card
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FEE CALCULATION					•		
1. BASIC FILING, SEARCH	I, AND EXAMIN	ATION FEES					
	FILING FEES SEARCH FEES		H FEES	EXAMINATION FEES			
	S	mall Entity		Small Entity		Small Entity	
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200 _	100	0	0	0	0	
2. EXCESS CLAIM FEES							
For Bonninting	,					E (A)	Small Entity
Fee Description	`¶ - D-!	alaina aa 20				<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
Each claim over 20 or, fo	•			-	•		100
Each independent claim	-	ssues, each in	idependent cia	aim more than in	the original pa	360	180
Multiple dependent claim		F===(#)	Fac Daid	1 / 6 \		-	
Total Claims 15 -20 or HP	Extra claims	Fees(\$)	Fee Paid	<u>i (\$)</u>		iple Dependence C	
HP = highest number of total cla	sime paid for if are		· 			Fee(S)	Fee Paid (\$)
Indep. Claims	Extra claims	Fees(\$)	Fee Paid	(\$)		-	
1 - 3 or HP	EXITA VIGILIO	x	=	101			
HP = highest number of total cla	aims paid for, if gre						
3. APPLICATION SIZE I							
If the specification and dr		00 sheets of r	aner the ann	lication size fee	due is \$250 (\$	125 for small entit	v) for each
additional 50 sheets or fra						120 101 0111411 01141	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total Sheets	Extra Sheets			dditional 50 or fra	=	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	Ro	ound up to a whole	number x	=	:
4. OTHER FEES		_					
							Fee Paid (\$)
Non-English Specification, \$130	fee (no small entit	y discount)					
Other Request for Con	tinued Exami	nation					\$790
One-month Petit			•				\$120
							

SUBMITTED BY				
Signature	Parist Vendleder	Registration No. (Attorney/Agent) 29,004	Telephone	(202) 624-2500
Name (Print/Type)	Vincent J. Sunderdick		Date Mar	ch 25, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.